



Arnold Schwarzenegger
GOVERNOR

CALIFORNIA ARCHITECTS BOARD

PUBLIC PROTECTION THROUGH EXAMINATION, LICENSURE, AND REGULATION

2420 Del Paso Road, Suite 105, Sacramento, CA 95834

cab@dca.ca.gov

916-574-7220 T

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Architect Registration Examination ELIGIBILITY EVALUATION

California Architects Board (CAB) establishes the eligibility requirements for examination and licensure for architects in California. Those requirements are as follows:

- 1)** Eight years of post-secondary education and/or work experience as evaluated by CAB; including at least one year of work experience under the direct supervision of an architect licensed in a U.S. jurisdiction or two years of work experience under the direct supervision of an architect registered in a Canadian province;
- 2)** Completion of the Comprehensive Intern Development Program/Intern Development Program (CIDP/IDP);
- 3)** Successful completion of the Architect Registration Examination (ARE); and,
- 4)** Successful completion of the California Supplemental Examination (CSE).

A candidate may begin taking the ARE following verification of five years of education and/or work experience. To apply for eligibility to take the ARE, a candidate should submit the required items on the checklist on the reverse side.

Following receipt of all required items, CAB evaluates eligibility. If a candidate is eligible to begin taking the ARE, CAB sends the candidate an *Eligibility Notice*. CAB also transmits the candidate's information and eligibility status to the National Council of Architectural Registration Boards (NCARB) or its authorized representative.

NCARB mails the candidate an Authorization to Test, a list of computer testing center locations, and the *ARE Guidelines*. If CAB determines that a candidate is not eligible to begin taking the ARE, CAB sends the candidate an *Ineligibility Notice*. The notice identifies the amount of verified credit to date as evaluated by CAB.

A candidate's examination eligibility remains valid as long as the candidate is active in the examination process. Eligibility may be maintained in only one state, jurisdiction, or province at a time.

Candidates are encouraged to read the *Candidate's Handbook* and visit the Candidates Information section of CAB's Web site at www.cab.ca.gov. Candidates with questions about any aspect of the application process may contact CAB at (916) 574-7220 or via email at cab@dca.ca.gov.

ELIGIBILITY APPLICATION CHECKLIST

This checklist is designed to assist candidates in filing a complete ARE application with CAB. All items must be completed and submitted for ARE eligibility. *Employment Verification Forms* and school transcripts may be received by CAB either prior to or after the *Application for Eligibility Evaluation*. However, failure to provide the requested information may result in the application being delayed or rejected.

- ☐ **Application for Eligibility Evaluation**
- ☐ **\$100 eligibility review fee:** Checks or money orders should be made payable to the California Architects Board.
- ☐ **Employment Verification Forms:** Candidates should submit a separate form for each employment for which they are requesting educational credit. The form may be photocopied. Submitted forms must contain *original* signatures and *must not* have any corrections or strikethroughs.
- ☐ **School Transcripts:** To receive credit for post-secondary education, an original transcript must be submitted to CAB *directly from the school*. Transcripts submitted by candidates or marked "Issued to Student" will not be accepted. CAB grants credit only for degrees posted on the transcript at the time of evaluation and cannot grant credit based on an anticipated date of graduation.
- ☐ **Foreign Education Evaluation** (if applicable): Candidates who attended or graduated from foreign schools must have their foreign transcripts evaluated by a Board-approved foreign credentials evaluation service. Official evaluations must be mailed to CAB directly from the Board-approved evaluation service. The general report should be accompanied by certified copies of the transcripts.



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APPLICATION FOR ELIGIBILITY EVALUATION Architect Registration Examination

TYPE OR PRINT CLEARLY IN INK

NAME: _____ (LAST / FIRST / MIDDLE) SCHOOL CODE: _____
PROVIDE SCHOOL CODE OF
HIGHEST DEGREE EARNED
(see School List)

KNOWN BY ANY OTHER NAME: _____
(INCLUDE MAIDEN NAME)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____ COUNTY CODE: _____
(see County Code List)

WORK PHONE: (____) _____ HOME PHONE: (____) _____

BIRTHDATE (MONTH / DAY / YEAR): ____/____/____ GENDER: ☐ MALE ☐ FEMALE

SOCIAL SECURITY # ¹: _____ NCARB FILE # ²: _____

Have you ever submitted an application or been deemed ineligible for the ARE in California? ☐ YES ☐ NO
If yes, give date of application _____

☐ Check box if requesting reasonable accommodations pursuant to the Americans with Disabilities Act ²

☐ Please do not share my name and address with other individuals or organizations offering to provide educational information regarding the examination.

\$100 ☒ Eligibility Review Fee *This fee is non-refundable and will cover the administrative cost of application processing and eligibility evaluation. It is required for all new candidates.*

Amount of Enclosed Check: \$ _____

**Attach a check for the \$100 Eligibility Review Fee.
Make the check payable to the CALIFORNIA ARCHITECTS BOARD.**

I certify under penalty of perjury under the laws of the State of California that the information on this application is true and correct.

Signature: _____

Date: _____

The information requested on this application is required under Sections 5526, 5550, 5551, and 5552 of the Business and Professions Code. All items are mandatory. The information provided will be used to determine qualifications for licensure. The Executive Officer of the Board is responsible for information maintenance.

¹ Disclosure of your United States Social Security Number (SSN) is mandatory. Collection is authorized by Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. 405(c)(2)(C)]. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code Section 17520, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

² Please see instruction letter for more information.

FOR OFFICE USE ONLY

Receipt # _____

Fee Paid _____

Date _____

ID # _____

LIC # _____

ISSUE DATE _____

(OVER)

EDUCATION:

HIGH SCHOOL GRADUATE:

☐ YES☐ NO

DATE GRADUATED: _____

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED		DEGREE RECEIVED	DATE COMPLETED
		SEMESTER UNITS	QUARTER UNITS		

OTHER SCHOOLING (Extension and Correspondence Work):

EXPERIENCE:

PERIOD OF EMPLOYMENT	EMPLOYER'S PROFESSIONAL BACKGROUND	NAME/ADDRESS OF FIRM(S)
FROM _____ TO _____ TOTAL ____ YR. ____ MO. FULL-TIME ____ PART-TIME ____ HOURS PER WEEK: _____	Name of Employer: _____ Licensed as: (architect, engineer, contractor)	
FROM _____ TO _____ TOTAL ____ YR. ____ MO. FULL-TIME ____ PART-TIME ____ HOURS PER WEEK: _____	Name of Employer: _____ Licensed as: (architect, engineer, contractor)	
FROM _____ TO _____ TOTAL ____ YR. ____ MO. FULL-TIME ____ PART-TIME ____ HOURS PER WEEK: _____	Name of Employer: _____ Licensed as: (architect, engineer, contractor)	
FROM _____ TO _____ TOTAL ____ YR. ____ MO. FULL-TIME ____ PART-TIME ____ HOURS PER WEEK: _____	Name of Employer: _____ Licensed as: (architect, engineer, contractor)	

Have you ever been licensed to practice architecture in another state or foreign country?

☐ YES☐ NO

If yes, please complete the following:

STATE/COUNTRY	LICENSE #	DATE GRANTED	REQUIREMENTS FOR LICENSURE
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Have you ever had registration denied, suspended, or revoked or otherwise been disciplined by a public agency in any state or country? If yes, explain details below.

☐ YES☐ NO

Have you ever pleaded guilty or been convicted by a court of an offense?

☐ YES☐ NO

If yes, please explain details below. Indicate the date and place of arrest, name of court, court case number, code section violated, a brief explanation of the offense, and the sentence imposed. If convicted under another name, please indicate other name.

NOTE: CONVICTIONS DISMISSED UNDER SECTION 1203.4 OF THE PENAL CODE MUST BE SHOWN.**YOU MAY OMIT:**

- Traffic infractions for which the fine imposed was \$150 or less.
- Any offense which was adjudicated in a juvenile court or under a youth offender law.
- Any incident that has been sealed or disposed under Welfare and Institutions Code Section 781 or Penal Code Sections 1000.5 and 1203.45.

ALL OTHER CONVICTIONS MUST BE INDICATED

ADDITIONAL SPACE: _____